

INPATIENT PARENT INITIATED TREATMENT

RCW [71.34.600](#) Parent may request determination whether minor has a mental disorder or substance use disorder requiring inpatient treatment—Minor consent not required—Duties and obligations of professional person and facility.

(1) A parent may bring, or authorize the bringing of, his or her minor child to:

(a) An evaluation and treatment facility or an inpatient facility licensed under chapter [70.41](#), 71.12, or [72.23](#) RCW and request that the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment; or

(b) A secure detoxification facility or approved substance use disorder treatment program and request that a substance use disorder assessment be conducted by a professional person to determine whether the minor has a substance use disorder and is in need of inpatient treatment.

(2) The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to the facility.

(3) An appropriately trained professional person may evaluate whether the minor has a mental disorder or has a substance use disorder. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the facility, unless the professional person determines that the condition of the minor necessitates additional time for evaluation. In no event shall a minor be held longer than seventy-two hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the minor to receive inpatient treatment, the minor may be held for treatment. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the authority if the child is held for treatment and of the date of admission.

(4) No provider is obligated to provide treatment to a minor under the provisions of this section except that no provider may refuse to treat a minor under the provisions of this section solely on the basis that the minor has not consented to the treatment. No provider may admit a minor to treatment under this section unless it is medically necessary.

(5) No minor receiving inpatient treatment under this section may be discharged from the facility based solely on his or her request.

(6) Prior to the review conducted under RCW [71.34.610](#), the professional person shall notify the minor of his or her right to petition superior court for release from the facility.

(7) For the purposes of this section "professional person" means "professional person" as defined in RCW [71.05.020](#).

DRAFT RECOMMENDATIONS:

- 1) If a minor is admitted under inpatient parent initiated treatment, the professional team treating the minor may share the following information about the minor with the parent or guardian who authorized treatment, even if the minor does not consent to the release of this information:
 - a) Diagnosis
 - b) Treatment plan and progress in treatment
 - c) Recommended medications, including risks/benefits, side effects, typical efficacy, dose and schedule
 - d) Psychoeducation about the minor's mental health or substance abuse condition
 - e) Referrals to community resources
- 2) The above information may be released to the parent or guardian, subject to the professional team's determination that it is in the best interest of the patient.

DRAFT

OUTPATIENT PARENT INITIATED TREATMENT

RCW [71.34.650](#) Parent may request determination whether minor has a mental disorder or substance use disorder requiring outpatient treatment—Consent of minor not required—Discharge of minor.

(1) A parent may bring, or authorize the bringing of, his or her minor child to:

(a) A provider of outpatient mental health treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a mental disorder and is in need of outpatient treatment; or

(b) A provider of outpatient substance use disorder treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a substance use disorder and is in need of outpatient treatment.

(2) The consent of the minor is not required for evaluation if the parent brings the minor to the provider.

(3) The professional person may evaluate whether the minor has a mental disorder or substance use disorder and is in need of outpatient treatment.

(4) Any minor admitted to inpatient treatment under RCW [71.34.500](#) or [71.34.600](#) shall be discharged immediately from inpatient treatment upon written request of the parent.

DRAFT RECOMMENDATIONS:

- 1) If a minor is discharged from one of the following treatment settings, then the parent or guardian may initiate outpatient parent initiated treatment. Outpatient treatment under parent-initiated treatment may last for a period of up to 180 days, as determined clinically necessary by the treatment team:
 - a. Inpatient psychiatric admission
 - b. Inpatient substance abuse admission
 - c. Children's Long-term inpatient program (CLIP)
- 2) In addition, if a minor age 13-17 has been ordered into outpatient treatment via an At-Risk-Youth petition or a court order, the minor may be served under parent initiated treatment even if the minor does not consent to treatment, for a period of up to 180 days, as determined clinically necessary by the treatment team.
- 3) If a parent brings their minor child for outpatient mental health or substance use disorder evaluation to a licensed community mental health agency or a licensed independent practitioner (referred to as professional provider) and the professional provider conducting the evaluation recommends outpatient treatment, the parent can consent to outpatient

parent initiated treatment for up to a period of 180 days, as determined clinically necessary by the treatment team or provider.

- a) No provider is required to accept a patient into treatment under parent initiated treatment.
 - a. Providers are able to decline to treat for clinical reasons or because they do not treat youth in their practice.
 - b. If a provider is not able or willing to treat the patient, it is expected that the provider will offer the parent referrals to other community mental health centers or licensed independent practitioners.
 - b) A parent of a minor child shall have no cause of action against a provider of outpatient mental health treatment or outpatient substance use disorder treatment for declining to treat a patient under parent initiated treatment at any point in the treatment process. It is recognized that not all mental health or substance abuse providers have training or expertise to work with all youth.
- 4) If a minor is evaluated and treatment under outpatient parent initiated treatment, the professional team or person treating the minor may share the following information about the minor with the parent or guardian who authorized treatment, even if the minor does not consent to the release of this information:
- f) Diagnosis
 - g) Treatment plan and progress in treatment
 - h) Recommended medications, including risks/benefits, side effects, typical efficacy, dose and schedule
 - i) Psychoeducation about the minor's mental health or substance abuse condition
 - j) Referrals to community resources
- 5) The above information may be released to the parent or guardian, subject to the professional team's determination that it is in the best interest of the patient.
- 6) Modify the definition of parent or guardian specifically for parent initiated treatment to include minors in kinship care (using the kinship declaration – see link)

MINOR INITIATED TREATMENT

RCW [71.34.510](#) Notice to parents when minor admitted to inpatient treatment without parental consent.

The administrator of the treatment facility shall provide notice to the parents of a minor when the minor is voluntarily admitted to inpatient treatment under RCW [71.34.500](#). The notice shall be in the form most likely to reach the parent within twenty-four hours of the minor's voluntary admission and shall advise the parent: (1) That the minor has been admitted to inpatient treatment; (2) of the location and telephone number of the facility providing such treatment; (3) of the name of a professional person on the staff of the facility providing treatment who is designated to discuss the minor's need for inpatient treatment with the parent; and (4) of the medical necessity for admission.

DRAFT RECOMMENDATIONS:

- 1) If a minor is admitted under minor initiated treatment, the professional team treating the minor may share the following information about the minor with the parent or guardian, even if the minor does not consent to the release of this information:
 - a. Diagnosis
 - b. Treatment plan and progress in treatment
 - c. Recommended medications, including risks/benefits, side effects, typical efficacy, dose and schedule
 - d. Psychoeducation about the minor's mental health or substance abuse condition
 - e. Referrals to community resources
- 2) The above information may be released to the parent or guardian, subject to the professional team's determination that it is in the best interest of the patient.

INVOLUNTARY TREATMENT

DRAFT RECOMMENDATIONS:

- 1) If a minor is admitted under involuntary treatment, the professional team treating the minor may share the following information about the minor with the parent or guardian, even if the minor does not consent to the release of this information:
 - a. Diagnosis
 - b. Treatment plan and progress in treatment
 - c. Recommended medications, including risks/benefits, side effects, typical efficacy, dose and schedule
 - d. Psychoeducation about the minor's mental health or substance abuse condition

- e. Referrals to community resources
 - f. Court status and updates
- 2) The above information may be released to the parent or guardian, subject to the professional team's determination that it is in the best interest of the patient.

FOLLOW UP ISSUES:

1. Consider a revised FAQ for parents, providers, facilities about the mental health system and mental health treatment options for minors.
2. Need more information on PIT release of information and substance abuse treatment.
 - a. How often is PIT being used (sounds like per Lisa Daniels not often)
 - b. Does 42 CFS allow release of information to parent without youth consent?
3. Review Assisted Outpatient Treatment laws and whether that model would work for minors ages 13-17.

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